

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

318

1003

45590

STATE FILE NUMBER

11710

Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bel - Ridge.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hosp.				Length of stay in lb Life.		d. STREET ADDRESS (If outside, give location) 8750 Trumbull	
3. NAME OF DECEASED (Type or print) First GRACE Middle ALICE Last BASS				4. DATE OF DEATH Month Dec. Day 5, Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 19, 1875	
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY Own Home.		11. BIRTHPLACE (City and state or country) St. Louis Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Harrington				14. MOTHER'S MAIDEN NAME Mary A. Gore.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None.		16. SOCIAL SECURITY NO. None.		17. INFORMATION Address Mr. Edward Gore 7565 Hoover Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia & Arteriosclerosis obliterans Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis cordis vascular disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
INTERVAL BETWEEN ONSET AND DEATH 3 wks 20 yrs							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 422.1			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from August 1952 to 12/5/57 and last saw her alive on 12/5/57 Death occurred at 5:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. C. Kuebrich		(Degree or title) M.D.		22b. ADDRESS 111 Church St Ferguson		22c. DATE SIGNED 12/6/57	
23a. BURIAL, CREMATION, REMOVAL, or other disposition Burial.		23b. DATE 12/7/1957		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		23d. LOCATION (City, town, or county) (State) St. Louis Missouri.	
24. FUNERAL DIRECTOR Calvin F. Feutz Funeral Home. 4828 Natural Bridge Blvd. St. Louis Mo.				25. DATE RECD. BY LOCAL REG. DEC 6 '57		26. REGISTRAR'S SIGNATURE Carl Smith m.s.	

File in 874

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Menier

Licensed Embalmer No. 418

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.